



ABSTRACT OF EARLY SESS FINDINGS

Early Findings

Starting Early Starting Smart (SESS) provides an integrated system of child-centered, family focused, and community-based services targeted to at-risk children from birth to age 7 at 12 sites across the country. Rigorous evaluation has produced early findings that demonstrate *SESS* programs:

- *Increase access to and use of needed services by participating families*
- *Help participating families strengthen the ways in which they positively guide and support the development of their young children*
- *Decrease drug use among caregivers when programs target caregivers in need of substance use treatment*
- *Strengthen positive interaction between participating caregivers and infants in the early months of life*
- *Strengthen the development of young children in the program in ways that are crucial for future school success.*

The *SESS* demonstration has scientifically validated successes that represent the intent of the programs. Access to crucial areas of family and needed behavioral health services has been increased. The well-being of families, and therefore their nurturing and supportive influences on their youngest members, has grown stronger in important ways. And the infants, toddlers, and children nurtured by these strengthened families, strengthened classrooms, and the *SESS* programs have benefited in their early development.

SESS Sites

Five of the *SESS* programs are primary care settings; seven are in early childhood education settings—five of these are in Head Start programs, and two are in child care settings. They are located in 10 States, and they include urban, suburban, and rural communities.

SESS Participants

SESS families are of diverse ethnic and racial membership and represent a variety of personal circumstances. The greatest majority of participant families are African-American, representing 45.1 percent of the total families currently enrolled in *SESS* programs. Seventeen (17) percent of families are Caucasian, 13.7 percent are Hispanic, 11.4 percent are multiracial, and 7.6 percent are Asian/Pacific Islander. Just over 5 percent are Native American or other background.

The personal circumstances of participant families vary. Approximately 40 percent have less than 12 years of schoolroom education (compared to 16 percent nationally). Just over half are single parents (compared to 25 percent nationally). Neither parent is employed in 13.9 percent of families (compared to the 3-5 percent national unemployment rate). As a group, these families are disadvantaged with respect to service access. For example, over 29 percent of the *SESS* caregivers had no health insurance, compared to 18 percent of the American adult population. Additionally, other barriers are present at *SESS* sites including poor transportation resources, language barriers, uncertainty about legal status, and pressures from multiple jobs as well as very low-income status.

As the study continues, *SESS* will report findings from many more analyses to examine site variation and similarity, combinations of program characteristics or services that are linked with specific outcomes, and longitudinal outcome findings.

For the full 24-page “*SESS* Summary of Early Findings,” go to www.health.org or call (800) 729-6686 for a free copy.

The *SESS* program and evaluation study is sponsored by an innovative public-private collaboration between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Casey Family Programs.

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Early findings that demonstrate **SESS** programs:

- Increase access to and use of needed services by participating families
- Decrease drug use among caregivers when programs target caregivers in need of substance use treatment

Selected Illustrative Data

Figure 1. SESS Programs in Primary Care Settings Improve Access to Substance Use Treatment (N = 423)

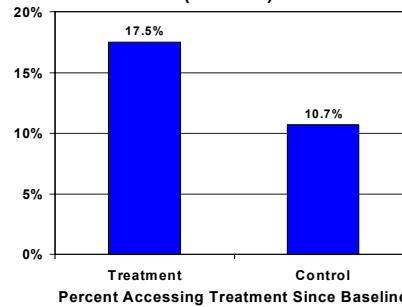
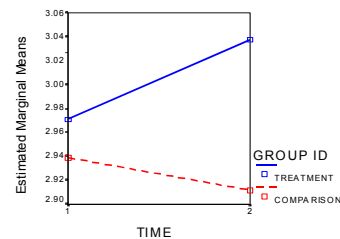


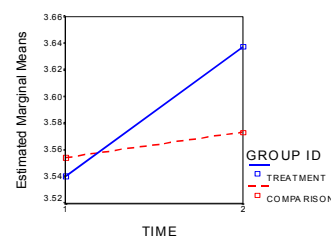
Figure 2. Improved Discipline and Reinforcement Practices*

(N = 1,394 families with children 2 years and older at baseline)

Appropriate Discipline (Higher Value Indicates Better Behavior)



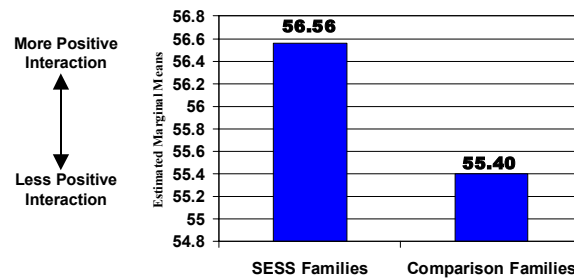
Positive Reinforcement (Higher Value Indicates Better Behavior)



*From the Parental Discipline Methods Interview

Figure 3. Strengthened Caregiver-Child Interaction During Feeding*

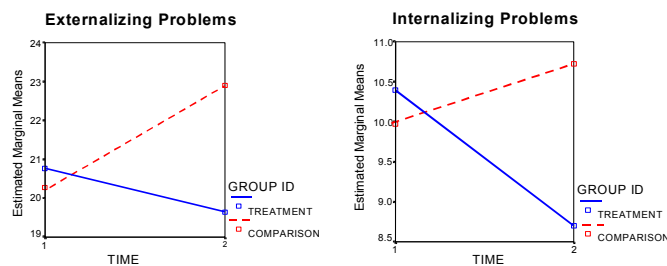
(N = 415 mother-and-baby pairs at primary care sites)



*Taken from the NCAST Feeding Scale, 6-month follow-up.
Statistically significant ($p = 0.05$, one-tailed test)

Figure 4. Strengthened Social-Emotional Development for SESS Children: Teacher Reports*

(N = 904 children in EC sites with pre/post teacher ratings)



*From the Preschool/Kindergarten Behavior Scales (PKBS) – Teacher Ratings

- Strengthen positive interaction between participating caregivers and infants in the early months of life
- Strengthen the development of young children in the program in ways that are crucial for future school success.